

Case Number:	CM14-0082095		
Date Assigned:	07/21/2014	Date of Injury:	06/15/2012
Decision Date:	09/01/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 30-year-old male who reported an injury on 06/15/2012. The mechanism of injury was not provided in the medical records. His diagnoses include sprain/strain of the cervical, thoracic, and lumbar spines, as well as lumbosacral neuritis or radiculitis. His previous treatments were noted to include oral medications, topical medications, a home exercise program, and use of a TENS unit. On 05/10/2014, the injured worker presented with complaints of neck pain and low back pain. He indicated that his medications and use of a TENS unit decreased his pain. His physical examination revealed decreased range of motion in an unspecified area. His medications were noted to include ketoprofen, LidoPro cream, omeprazole, and topiramate. The treatment plan included continued participation in a home exercise program with use of a TENS unit and medication refills. It was noted that the medication refills were requested as the injured worker had not reported adverse effects. A request for authorization form for multiple medications including LidoPro was submitted on 05/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lido-Pro with refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, pages 111-113; salicylate topicals, page 105 Page(s): 111-113; 105.

Decision rationale: The request for Lido-Pro with refill is non-certified. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety and are primarily recommended when trials of antidepressants and anticonvulsants have failed. The Guidelines also state that topical compounds that contain at least 1 drug that is not recommended are also not recommended. LidoPro lotion is noted to contain capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. In regard to methyl salicylate, the Guidelines state that topical salicylates are recommended as they have been shown to be more effective than placebo. In regard to lidocaine, the Guidelines state that topical lidocaine is only FDA approved in the formulation of the Lidoderm patch and no other commercially approved topical formulations such as creams or lotions are indicated for neuropathic pain. In regard to capsaicin, the Guidelines state that topical capsaicin is only recommended as an option in patients who have not responded or were intolerant to other treatments. In addition, the Guidelines state that an increase over a 0.025% formulation would not provide any further efficacy. The clinical information submitted for review indicated that the injured worker had neuropathic pain. However, there was no documentation indicating that he had tried and failed antidepressants and anticonvulsants. In addition, as lidocaine is only recommended in the formulation of the Lidoderm patch and capsaicin is not supported as the documentation did not indicate that the injured worker was nonresponsive or intolerant to other treatments and the 0.325% formulation of capsaicin exceeds the recommendation of no more than 0.025%, the requested topical compounded medication containing these agents is also not supported. As such, the request for Lido-Pro with refill is non-certified.